

MEMBERSHIP APPLICATION



WELLINGTON ART SOCIETY

Please mail this completed form with your check/money order to:

Wellington Art Society Inc.
Suite 470
13833 Wellington Trace E4
Wellington, FL 33414

Note: Credit / Debit cards are accepted at meetings for payments.

RENEWAL NEW MEMBER ARTIST NAME _____

Address _____

City, State _____ Zip _____

Phone: Home _____ Cell _____ Work _____

Medium(s) _____

Email _____ Website _____

MEMBERSHIP:

Active Individual \$60

Full Time Student \$10 (Under 18 or in college)

Date of Birth _____

Name of School _____

Donation to the Scholarship Fund (optional)

Donation amount \$ _____

TOTAL PAID: \$ _____

MEMBERSHIP INFORMATION

- Membership and fiscal years extend from July 1st thru June 30th
- Dues paid on or after April 30th will be extended thru the following year for new members
- Annual Renewal payments are due no later than July 1st.
- Exhibiting members are expected to attend Artist Receptions for the shows where their artwork is on display
- Members are encouraged to attend monthly member meetings on the 2nd Wednesday of each month September thru May and WAS Artist Receptions

I AM INTERESTED IN VOLUNTEERING ON THE FOLLOWING COMMITTEES:

- Community Outreach / Art for Children Events Exhibitions Fundraising Hospitality Marketing/Social Media Newsletter Meetings/Programs/Demos Membership Scholarships

Message: _____

Wellington Art Society, Inc. is a 501(c) (3) corporation and contributions are deductible to the extent of federal law; Tax ID# 20-2246485. A COPY OF THE OFFICIAL REGISTRATION # CH21144 AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL-FREE (800-435-7352) WITHIN THE STATE. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL, OR RECOMMENDATION BY THE STATE.

Circle one
 WAS USE: Date Joined Renewed: _____ Membership Good Thru 6/30: 2023 2024 2025
 Amount Received: \$ _____ Payment Method: _____